

FLORIDA PUBLIC HEALTH ASSOCIATION

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HEALTH AGENCY MEMBERSHIP APPLICATION FORM

<input type="checkbox"/>	Platinum Tier	55 Employee Memberships	\$1,500.00
<input type="checkbox"/>	Gold Tier	33 Employee Memberships	\$1,000.00
<input type="checkbox"/>	Silver Tier	15 Employee Memberships	\$ 500.00
<input type="checkbox"/>	Bronze Tier	7 Employee Memberships	\$ 250.00

AGNECY

COUNTY

STREET

CITY

ST.

ZIP

CONTACT

E-MAIL

OFFICE # & EXT.

FAX #

\$

AMOUNT ENCLOSED

Please include the name, email address of each member to be covered. Also note if it is a renewal or a "new" member. No individual membership form is needed for this membership.